

## **Clinton County Health Department**

133 Margaret Street, Plattsburgh, New York 12901-2926
"Working Together for a Healthier Community"



health.clintoncountyny.gov

**Environmental Health & Safety Division** 

Phone: (518) 565-4870

Fax: (518) 565-4843

#### **Request for Reimbursement**

To receive reimbursement for your septic system project, you, the property owner, must complete this form in its entirety and submit it to the County, along with supporting cost documentation. You must submit the reimbursement request after you complete your project, within 90 days of project completion to:

#### **Septic System Project Information:**

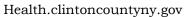
Septic System Project Completion Da	te:	
2. Name of Property Owner:		
3. Mailing Address:		
-		
-		
4. Daytime Telephone Number:		
5. Street Address of Septic System Projection	ect (if different from mailing address)	):
6. Type of Building Served by Septic Sys	stem (check the applicable box)	
Small Business		
7. Septic System Repair and/or Replace	ment Verification:	
8. Septic System Project Contractor Who		ment of septic system:
	_	
Address:		



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Phone Number:		
Septic System Contractor's EIN (Federal T	ax Identification Number):	
9. a. Description of competed Septic System P	'roject:	
b. Total final cost of Septic System Project:		
10. Total reimbursement amount requested: _		
11. Please submit copies of the documentation delayor rejection of your reimbursement real. Contractor Invoices  b. Proof of Payment  c. Assignment of Payment Form (if payments) that the information contained in the above-referenced septic system, and that I have requested to be reimbursed hereunder.	equest: ayment will be made directly to his request is true and accurat	o the contractor) te, that I am the owner of the
(Signature of Property Owner)	_	(Date)
For County Use Only  Expenses aggregating \$have for project costs which, based upon information produced the Septic System Replacement Program.		
(Signature of County Official)	_	